MAXIMUS Federal Services

Case Number:	CM13-0032449		
Date Assigned:	12/11/2013	Date of Injury:	04/27/2007
Decision Date:	07/24/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 4/27/07. The mechanism of injury was not provided for review. The patient has a diagnosis of chronic back pain, left knee pain, chronic bilateral shoulder weakness, chronic neck pain with radiculitis, and a history of carpal tunnel release with intermittent numbness. The patient also has multiple medical problems, including irritable bowel syndrome, hypertension, diabetes, and psychiatric illness, which appears to be depression and anxiety. The primary complaints appear psychiatric. The patient complains of anger, irritability, and agitation. Many of the provided records are medical record reviews and very brief exams. The last physical exam is from April 2012. No more recent exam is available. The exam at at that time is basically normal with only a gait anomaly noted. There is no documentation about current therapy, the rationale for the requested items, or which modalities were previously attempted. There is no mention of pain complaints. No medication list was provided. No advance testing or imaging was provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RETROSPECTIVE (DOS: 7/26/13): 8 ELECTRODES, PAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation or any provided medical records concerning electrodes. It is not known what the requested electrodes are for. There is not enough provided medical information to figure out what relevant guidelines apply in this request. The requested electrodes are not medically necessary.

RETROSPECTIVE (DOS: 7/26/13): 12 REPLACEMENT BATTERIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation or any provided medical records concerning replacement batteries. It is not known what these replacement batteries are for. There is not enough provided medical information to figure out what relevant guidelines apply in this request. The requested batteries are not medically necessary.

RETROSPECTIVE (DOS: 7/26/13): 16 ADHESIVE REMOVER WIPES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation or any provided medical records concerning adhesive remover wipes. It is not known what the requested wipes are for. There is not enough provided medical information to figure out what relevant guidelines apply in this request. The requested adhesive remover wipes are not medically necessary.